WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

SEP 20 1934

Do not use this space.

29464

File No. 3831

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 299

Township — Primary Registration District No. 1002

City Kansas City (No. 2117 Swope Parkway St. Ward)

2. FULL NAME Emma J. Young

(a) Residence, No. 2117 Swope Parkway St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 31, 1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
86	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

FATHER

13. NAME Daniel Critchloe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) William J. Waite, New York City

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cremation DATE August 18, 1934

19. UNDERTAKER (ADDRESS) Gates Funeral Home, Kansas City, Kansas

20. FILED 8-18, 1934 M M Crowe asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1934, to Aug 17, 1934

I last saw her alive on Aug -17, 1934. Death is said to have occurred on the date stated above, at 2.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug. 10 1934
82A	
107A	

Other contributory causes of importance:

Secondary bronchopneumonia	Aug-12 1934

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Herbert Tuthill, M. D.

(Address) 1125 Realto Bldg.

Dr. Tuthill
Rialto Bldg.